Name of Chair: \_\_\_\_\_ hes 4301



## Statement of Organization

## Appendix A

## t Question Committees APR 0 9 2008

S.D. SEC. OF STATE

## Candidates, Political Action or Ballot Question Committees State of South Dakota

Chair Daytime Telephone Number: 605-848-4050

Street Address: Same

Postal Address: Same

Name of Treasurer: hes Loalff day of

Treasurer Daytime Telephone Number: Same Chi Melan Street Address: Sume SECRETARY OF STATE

Postal Address: Same

You must list the name, street address, postal address and telephone number of each financial institution where an account or depository is maintained.

| Name of Financial Institution | Street and Postal Address   | Telephone Number |  |
|-------------------------------|-----------------------------|------------------|--|
| Bank of The West              | 214 main POBOXLOW Lemmon SO | 605-374.3831     |  |
|                               |                             |                  |  |
|                               |                             |                  |  |

If you are a political action committee or a ballot question committee, you must include a concise statement of your purpose and goals.

| Statement of Purpose and (   | Joals:   |  | Appendix A                             |
|--|--|--|--|
|  |  |  |  |
| address, and postal address  | of the organization with                       | puestion committee, you must list the full in the high which the committee is connected or affine organization, the trade, profession, or pro | filiated, or if the                    |
| Name of Organization:  |  |  |  |
| Street and Postal Address:   | مد المساورة المالة                             |  |  |
| Trade, profession, or prima  | ry interest of the commi                       | ittee:   |  |
| Check here if your con   | amittee is incorporated t                      | under federal or state laws for liability pu   | rposes only.                           |
| The following verification   | must be completed befo                         | re submitting statement.   |  |
| VERIFICATION OF PERS   |  |  |  |
| understand that failure to tir   | nely file any statement,                       | (print both names legibly), certifully vieldge and belief it is true, correct and construent amendment, or correction required subjects per day for each day that the statement  | cts the treasurer                      |
| Date: <u>04 - 08 - 08</u>  |  | candidate or chair   |  |
| Date: <u>04-08-08</u>  | Signatul                                       | e of treasurer   |  |
| The candidate or treasurer ater than fifteen days after of organization. | of a political committed any change in the inf | tee shall file an updated statement of or<br>formation contained on the most recent  | rganization not<br>ily filed statement |
|  | Secretary of Stat                              | nent of Organization to:<br>te, Elections Department<br>attitude Avo., Ste 204   |  |

Pierre, SD 57501

or fax to 605-773-6580 or email to kea warne@state.sd,us

Fax and email images must contain the signature(s) and the original must be filed in our office within one week following the date the fax/email was received.

County, municipal and school candidates file with the person in charge of the local election.

New 7-1-07